

"I had an interview with the Board of Guardians of St. James's parish, on the evening of Thursday, 7th September, and represented the above circumstances to them. In consequence of what I said, the handle of the pump was removed on the following day."

John Snow, 1855

April 2006 Topics

- Did You Hear the Buzz? West Nile Virus (WNV) Season Approaches
- Mumps Update
- Diarrheal Illness Associated With Travel
- May is Hepatitis Awareness Month



Did You Hear the Buzz? West Nile Virus (WNV) Season Approaches

As May approaches, the North Dakota Department of Health (NDDoH) is reminding people to take precautions against WNV. This includes wearing mosquito repellent when you are outdoors, removing standing water from around your home and wearing pants and long-sleeved shirts when possible. It also serves as a reminder that horse owners should get their animals vaccinated or boostered. Contact your local or state veterinarian for more information about horse vaccination.

Dead bird and mosquito surveillance will begin May 29, 2006. Corvids and raptors are the only birds to be tested for WNV. These groups include the following birds: crows, magpies, blue jays, ravens, hawks, eagles, owls and falcons. While not all birds are acceptable for testing, the NDDoH is interested in dead bird reports. If you find a dead bird that is not eligible or is too decomposed for testing, please report the bird via the online dead bird reporting form found at www.ndwnv.com. In addition, sentinel chickens will be used this summer to monitor viral activity throughout North Dakota.

Beginning June 1, 2006, the NDDoH Division of Microbiology will offer free human arbovirus testing on serum specimens from patients meeting any one of the following criteria:

- Any adult or pediatric patient with presumptive viral encephalitis.
- Any patient age 17 or older with presumptive aseptic meningitis with a negative gram stain and culture.
- Any adult or pediatric patient with presumed Guillain-Barre´ Syndrome or acute flaccid paralysis.

Questions regarding laboratory testing may be directed to the Division of Microbiology at 701.328.6272. For more information about WNV reporting and surveillance, visit the NDDoH West Nile virus website at www.ndwnv.com.



Mumps Update

As of May 8, 2006, Iowa had reported 1,609 confirmed, probable and suspect cases of mumps. Other states – including Nebraska, Kansas, Illinois, Indiana, Minnesota, Wisconsin, Missouri, Colorado and South Dakota – also have reported cases linked to the outbreak. North Dakota has had three cases of mumps reported in 2006. The cases have not been epidemiologically linked to the Iowa outbreak. For updated information about the mumps outbreak in Iowa, visit www.idph.state.ia.us/.

The most effective way to prevent mumps is vaccination. Previous mumps vaccination recommendations remain unchanged at this time. Recommendations may need to be changed if an outbreak occurs in North Dakota. For more information about mumps vaccination, visit www.cdc.gov/nip/diseases/mumps/default.htm#imz.

Please contact the NDDoH Immunization Program at 701.328.2378 or toll-free at 800.472.2180 with any questions or concerns about this issue.



Diarrheal Illness Associated With Travel

A patient presenting with acute, watery diarrhea and a history of travel to Asia was reported to the North Dakota Department of Health. *Vibrio cholerae* isolated from stool was sent for confirmation to the Division of Microbiology. Serotyping at the Centers for Disease Control and Prevention (CDC) ruled out toxin-producing *V. cholerae* O1 and O139.

The patient had recently traveled to Asia and while there consumed various types of seafood such as clams, oysters, crab, shrimp and fish. Onset of illness – including nausea, vomiting and diarrhea – occurred while returning home. The infection was not severe and did not require hospitalization. The patient has since recovered.

Cholera that is identified by isolating serotypes O1 or O139 from the stool can be characterized by symptoms such as acute watery stools (rice-water stools) and profuse vomiting that may lead to hospitalization. These two serotypes have been responsible for explosive epidemics and pandemics. Consumption of unsafe water contaminated with feces of infected people, poor hygiene, poor sanitation and crowded living conditions are contributing factors associated with large cholera outbreaks.

V. cholerae non-O1/non-O139 strains cause diarrheal illness in tropical developing countries and usually are associated with consumption of raw or undercooked seafood, particularly shellfish. These organisms have been associated with less severe, sporadic cases of foodborne outbreaks of gastroenteritis but are not known to cause epidemics.

For information about healthy travel tips, visit www.cdc.gov/travel/other/traveltips.htm.



May is Hepatitis Awareness Month

May is National Hepatitis Awareness Month. Hepatitis A, B and C are the most common types of viral hepatitis in the United States. Prevention of viral hepatitis is a major challenge for the nation's public health, scientific and medical communities.

The greatest decline in hepatitis A and B infections has occurred among children and adolescents and is the result of effective interventions such as immunizations. No vaccine exists to prevent hepatitis C infection; therefore, prevention of new hepatitis C infections depends on directing primary prevention activities such as counseling and testing to people at increased risk of infection.

For more information about primary hepatitis prevention recommendations, see the North Dakota Department of Health viral hepatitis website at www.health.state.nd.us/Disease/Hepatitis/.

Contributing authors of The Pump Handle include Julie Goplin, Michelle Feist, Molly Sander, Tracy Miller and Kirby Kruger. For questions, suggestions or inquiries, or to be removed from the mailing list, please contact Julie Goplin of the Division of Disease Control at 701.328.2375 or by email at jgoplin@state.nd.us.

The pump handle picture in the title was obtained from the website www.ph.ucla.edu/epi/snow.html.



Terry Dwelle, MD, MPHTM, State Health Officer Craig Lambrecht, MD, MPH, Chief, Medical Services Section Kirby Kruger, Director, Division of Disease Control